| Hospital | City/Town | County | Teaching Status[1] | Fiscal Year | Fiscal Year End[6] | | Number of Months Data | |
|-----------------------------------|--------------|--------------|--------------------|--------------|--------------------|------------------------------|----------------------------------|--|
| Martha's Vineyard Hospital | Oak Bluffs | Dukes | Non-Teaching | 3/31/2012 | | 12 | | |
| 1 | | | T T | | | | | |
| Financial Performance Indicators | FY08 | FY09 | FY10 | FY11 | FY12 | MA Industry Median FY12Q3 | North East US Median FY10 [2] | |
| Profitability[7] | | | | | | | | |
| Operating Margin | 2.20% | 0.95% | 0.05% | 0.24% | -1.23% | 2.39% | 1.40% | |
| Non-Operating Margin | 3.49% | 2.09% | 7.08% | 4.03% | 1.75% | 0.59% | 0.50% | |
| Total Margin | 5.69% | 3.04% | 7.13% | 4.27% | 0.52% | 2.85% | 2.30% | |
| Operation Surplus (Loss) | \$1,024,768 | \$466,834 | \$28,395 | \$137,190 | (\$734,724) | | | |
| Total Surplus (Loss) | \$2,647,444 | \$1,494,444 | \$3,900,859 | \$2,483,889 | \$312,393 | | | |
| Liquidity | | | | | | | | |
| Current Ratio | 2.11 | 1.62 | 1.71 | 1.77 | 2.51 | 1.51 | 1.58 | |
| Days in Accounts Receivable | 38 | 49 | 48 | 42 | 50 | 39 | 41 | |
| Average Payment Period | 33 | 58 | 53 | 41 | 28 | 53 | 60 | |
| Solvency/Capital Structure | | | | | | | | |
| Debt Service Coverage (Total) [3] | 7.6 | 6.6 | 12.1 | 13.3 | 13.7 | | 3.3 | |
| Cash flow to Total Debt [4] | 40.3% | 27.1% | 45.7% | 53.9% | 68.4% | | 15.4% | |
| Equity Financing | 86.6% | 86.4% | 86.7% | 87.8% | 90.0% | 38.8% | 43.0% | |
| Other | | | | | | | | |
| Total Net Assets | \$77,824,265 | \$77,031,293 | \$85,061,995 | \$89,856,038 | \$90,725,167 | | | |
| Assets Whose Use is Limited | \$44,864,711 | \$31,901,388 | \$20,643,256 | \$24,036,260 | \$24,311,506 | | | |
| Net Patient Service Revenue [5] | \$43,441,132 | \$46,436,183 | \$48,804,864 | \$53,922,105 | \$56,817,813 | | | |

FY12 fillings are based on hospital's UNAUDITED or internal financial statements.

Data Sources: Data drawn from CHIA quarterly and annual filings.

CAVEATS: Annual data is reconciled to Audited Financial Statements. CHIA filings may not reflect all of the financial resources available to the hospital -- for example, resources available through associations with foundations or parents/affiliates. Financial information must be interpreted within the context of other factors, including, but not limited to, management plans, reimbursement changes, market behavior, and other factors affecting Performance. Hospitals may not report data for all metrics listed above. Profitability percentages may not add due to rounding.

Notes:

- [1] According to the Medicare Payment Advisory Commission (MEDPAC), a major teaching hospital is one with at least 25 FTE residents per 100 inpatient beds.
- [2] Northeast US 2010 Median data publishing in the "Almanac of Hospital Financial Operating Indicators", 2012 INGENIX
- [3] Blank value indicates a facility with no current long term debt in the period covered. Ratio not reported on a quarterly basis.
- [4] Earlier ratios have been revised to return a ratio even if there is no long term debt. Ratio not reported on a quarterly basis.
- [5] Net Patient Service Revenue includes Premium Revenue.
- [6] The fiscal year for Cambridge Health Alliance, Metro West Medical Center, and Saint Vincent Hospital ends on 6/30, Martha's Vineyard ends on 3/31, and Mercy Medical Center ends on 12/31. The most recently available data as of June 30, 2012 is used for the five hospitals that do not have September 30th year ends.
- [7] The Financial Accounting Standards Board issued an update in July 2011 requiring the provision for bad debt to be reported as a deduction from patient service revenue in future statements of operations. While this update is not required to be implemented for all hospitals until fiscal year 2013, some hospitals have early adopted this standard. In order to maintain uniformity of financial data and comparability of financial ratios among hospitals, the Center standardized the data so that expenses and the resulting ratios for all hospitals are calculated by including the provision for bad debt as an expense item.